

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47957

1. Entity Name

TAYLOR CREEK LODGE MOBILE HOME PARK HOMEOWNER'S

Principal Place of Business

Mailing Address

2730 HWY 441 SE
M.H. #26
OKEECHOBEE FL 34972

3975 S.E. 29TH WAY
TAYLOR CREEK LODGE M.H. 26
OKEECHOBEE FL 34974-7350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, JOHN R.
202 NW 5TH AVE
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LYNCH, DONALD
STREET ADDRESS 3860 S.E. 29TH WAY TAYLOR CREEK LODGE
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME KEEFER, MERLE
STREET ADDRESS 3975 S.E. 29TH WAY TAYLOR CREEK LODGE
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CHAMBLISS, HASKELL
STREET ADDRESS 3800 S.E. 29TH WAY TAYLOR CREEK LODGE
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME WILLIS, SHIRLEY
STREET ADDRESS 3792 S.E. 29TH WAY TAYLOR CREEK LODGE
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Merle Keefe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merle Keefe - 863 467 8565
3-16-00 Date Daytime Phone #